L2000006133

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to E	Filling Officer:	
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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 126715 8900A AUTHORIZATION :/ COST LIMIT : ORDER DATE: January 8, 2020 ORDER TIME : 11:0 AM ORDER NO. : 126715-005 CUSTOMER NO: 8900A DOMESTIC FILING NAME: 2736 N. FEDERAL LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT. 62980

1201 Hays Street

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		ederal LLC			
SUBJEC		Name	of Limited Liab	oility Company	
The encl	osed Articles of	Organization and fee	c(s) are submitt	ed for filing.	
Please re	eturn all corresp	ondence concerning t	his matter to th	e following:	
	Edward Ma	slanka			
			Name	of Person	
				·	
			Firm/	Company	
	291 Imperia	l Lane			. <u>.</u> .
			Ad	dress	
	Lauderdale	By The Sca, FL 3330	8		
	emasl28341@	ĝaol.com	City/State	and Zip Code	
		E-mail address: (to be	used for futur	e annual report notificat	ion)
For furthe	r information co	ncerning this matter,	please call:		
	Edward Mas		954 at (701-3931	
	Naπ	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amount:			
■\$125.	00 Filing Fee	□\$130.00 Filing F Certificate of State	us Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	-	ıg Address		Street Address	
New Filing Section Division of Corporations			New Filing Section Division of Corporati	ions	
	P.O. B	lox 6327 assee, FL 32314		Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAND JAN -9 AH 10: 42

ARTICLE I - Name: The name of the Limited Liability	ty Company is:		SECRETA TALLAI	MY OF HASSEE
2736 N. Federal LLC	Catin the words "Limited Liab	ilita Com-	an # 1 C 2 an # 1 C 2)	
·	atin the words "Emitted Flat	onity Comp	any, L.L.C., or LLC.	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	e of the Lir	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
291 Imperial Lane		_	291 Imperial Lane	
Lauderdale By The S	Sea, FL 33308	_	Lauderdale By The Sea, FL 33308	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Regactive Florida registration.)	gistered Ag	Agent's Signature: ent. You must designate an individu	al or
		amc		
	291 Imperial Lanc			
	Florida street address (P.	.O. Box <u>N</u>	OT acceptable)	
	Lauderdale By The Sea	FL	33308	
	City	State	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Mo "MGR" = Manager	mper
MGR	Edward Maslanka
	291 Imperial Lane Lauderdale By The Sea, FL 33308
	Cauderdane By The Sea, 115 55500
	SECRET
	ASSET
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	SEE, FL
	—————————————————————————————————————
(Use attachment if necessa	y)
OF PAY. POP. sales data if sales	than the date of filing: (OPTIONAL)
SLE V: Effective date, if other effective date is listed, the da	e must be specific and cannot be more than five business days prior to or 90 days after
te of filing.)	
	ck does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
	•
CLE VI: Other provisions, if a	y.
REQUIRED SIGNATUR	<b>3</b> :
5	
Sign	ture of a member or an authorized representative of a member.
This document	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Edward Masjanka

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)